

Case Number:	CM14-0154276		
Date Assigned:	09/23/2014	Date of Injury:	04/20/2012
Decision Date:	12/26/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 42 year-old patient sustained an injury to the neck and back on 4/20/12 while employed by [REDACTED]. Request(s) under consideration include Massage therapy x6 cervical/thoracic. Diagnoses include cervical and thoracic sprain/strain. Conservative care has included medications, therapy; massage treatment, injections, and modified activities/rest. The patient underwent recent Epidural steroid injection on 7/23/14 and has been participating in massage therapy. Exam showed limited range of motion without change in chronic symptom complaints and clinical findings. Treatment included continued massage therapy. The request(s) for Massage therapy x6 cervical/ thoracic was non-certified on 9/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Massage therapy x6 cervical/thoracic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: According to the guidelines, massage is recommended for time-limited use in subacute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this 2012 injury status post significant conservative treatment including previous massage therapy currently on an independent home exercise program without plan for formal physical therapy sessions. A short course may be appropriate during an acute flare-up; however, this has not been demonstrated nor are there any documented clinical change or functional improvement from treatment rendered previously. Without any new onset or documented plan for a concurrent active exercise program, criteria for massage therapy have not been established per MTUS Chronic Pain Guidelines. The Massage therapy x6 cervical/thoracic is not medically necessary and appropriate.